Quality Improvement Initiatives

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Goals

- Provide a structure for health centers to integrate ongoing quality improvement into their daily operations
- Increase patient safety and enhance health care quality

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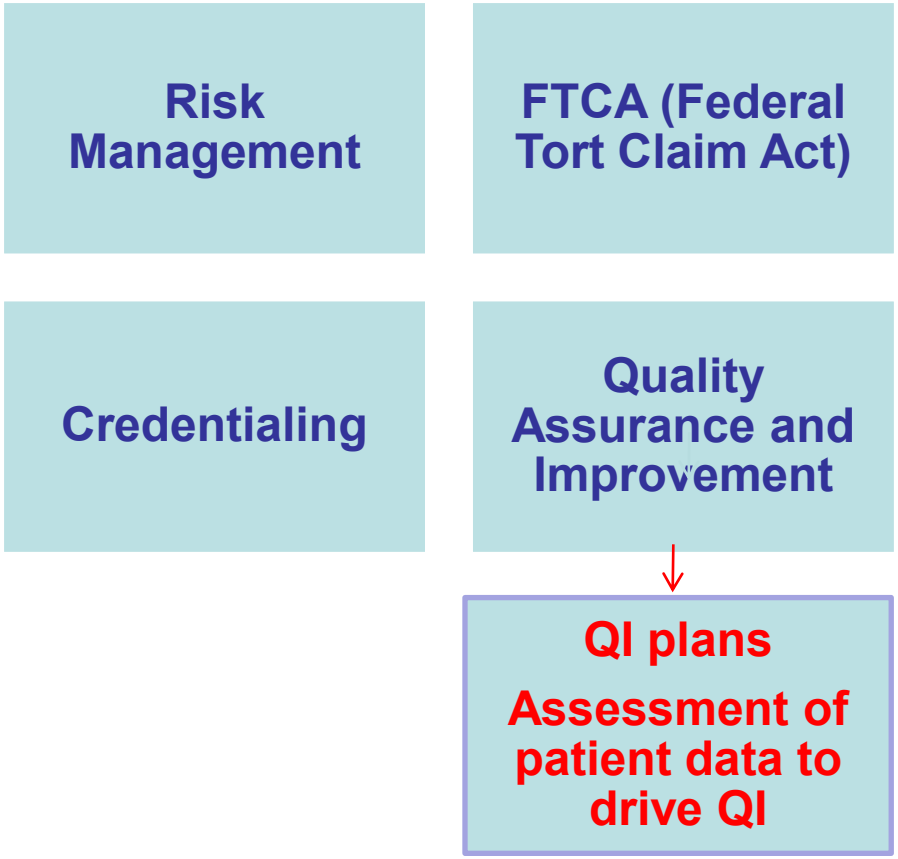
Quality Improvement Areas



Health Plan-Diabetes Example

GOALS, OBJECTIVES	KEY ACTION STEPS	EXPECTED OUTCOME	DATA EVALUATION & MEASUREMENT	PERSON/ AREA RESPONSIBLE	Comments
By 8/1/2010, increase the % of adult patients with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1C) is ≤ 9% from X% (2009-baseline year) to Y% NOTE: For the diabetes measure, the health plan focuses on not poor control (HbA1c < 9),	a. Screen patients for diabetes risk factors at initial visit. b. Investigate best practices for tracking diabetes patients and enroll patients as applicable. c. Develop and implement diabetes flow sheet for patient charts by 12/31/08 d. Counsel on self-management for nutrition, medication, blood sugar testing, and food care.	To prevent complications from high blood sugar.	a. Quarterly or semiannual chart audits. b. Enrollment roster of diabetes management program c. Flow chart in patient files	a. Medical Directors, providers, nursing and medical staff	The XXXX Clinic will work closely with the State of Kansas initiatives for diabetes tracking and prevention.

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Quality Improvement Plan-Diabetes Example

Health Plan Goal with Baseline	Measure description /Data source	Why?	What to do and when?	ADA Goal (or any evidence based standard of care)	Denominator/ Numerator	Comment
By 8/1/2010, increase the % of adult patients with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1C) is ≤ 9% from X% (2009-baseline year) to Y% NOTE: For the diabetes measure, the health plan focuses on not poor control (HbA1c < 9),	a. Percent of diabetic patients whose HbA1c levels are less than 7 percent b. Percent of diabetic patients whose HbA1c levels are 7 % or ≤ to 9% c. Percent of diabetic patients whose HbA1c levels are greater than 9 percent CDEMS/Diabetes registry - Medical Records (representative sample) - EHR	To prevent complications from high blood sugar.	**Every visit to the clinic:** **a. Weight** **b. Height** **c. Blood pressure** **Every six months:** **A1c (Avg blood sugar 90 days)** **Yearly as needed:** **a. Foot exam** **b. Dilated eye exam** **c. Microalbu minuria test** **d. Serum creatinine** **e. Flu immunization** **As indicated:** **a. Diabetes education** **b. Aspirin 81 mg. daily**	< 130/80 (mm Hg) < 7% (154 mg/dL) Annual sensory check Annual eye exam Annual albumin /creatinine ratio Annual immunization At least 10 hours Use in those over 40 years old or in those over 30 years old with cardiovascular risk factors	**Denominator**: All adult patients 18+ (born before 12/31/1990) **AND** diagnosed with diabetes **AND** at least ***two*** encounters during year **Numerator:** Number of adult patients 18+ **AND** diagnosed with diabetes **AND** at least ***two*** encounters during year **AND** most recent ***HbA1c < or = 9%***	Data run on X date


Web Search
Bookmarks
Settings
Messenger
Mail
MySpace
News
RANDOMIZER
Randomize
Tutorial
Links
About Us
To generate random numbers, enter your choices below (using integer values only):
How many sets of numbers do you want to generate?
1
Help
How many numbers per set?
70
Help
Number range (e.g., 1-50):
From: 1
To: 200
Help
Do you wish each number in a set to remain unique?
Yes
Help
Do you wish to sort the numbers that are generated?
Yes: Least to Greatest
Help
How do you wish to view your random numbers?
Place Markers Off
Help
Randomize Now!
Site Overview
Randomize Now
Use the Randomizer form to instantly generate random numbers.
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See some examples of how Research Randomizer can be used for random sampling and random assignment.
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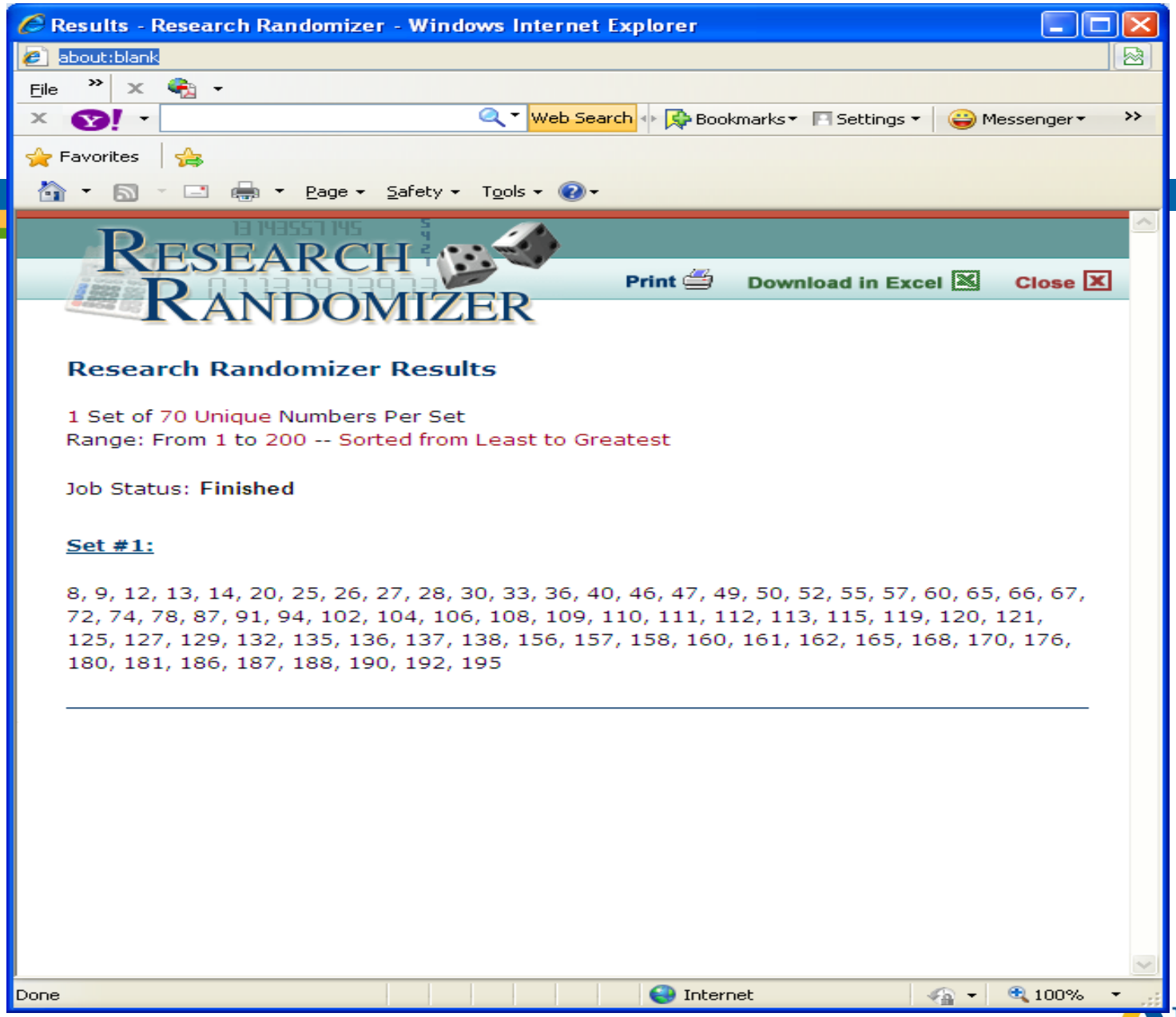
Randomizer Box
Add this tool to your website and generate your own number sets.
Maximum number of patients in the universe



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Other Quality of Care Indicators

Trimester of entry into prenatal care	Female patients initiating prenatal care in 1st trimester Female patients enrolled in prenatal care program during reporting year
Childhood two years immunization rate	Children in "universe" with compliant immunizations Children with at least 1 medical encounter & 2nd birthday during the reporting year & no contraindication for vaccine
Women (21 to 64 year old) who received one or more Pap tests during the reporting year	Female patients 21-64 years old receiving one or more Pap tests during the reporting year or during the prior 2 years Female patients 21-64 years seen for a medical encounter at least once during the reporting year and first seen by grantee before their 65th birthday
Percent births < 2,500 grams to health center patients	Children in 'universe' born weighing less than 2,500 grams Total births for women seen for prenatal care during reporting year
Percent of patients 18 years and older diagnosed with hypertension and last BP < 140/90	Patients >= 18 years old with diagnosis of Hypertension and at least 2 medical encounters during the reporting year Patients >= 18 years old with Hypertension with most recent systolic BP < 140 and diastolic BP <90

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Productivity Indicators

- Measure: Provider Productivity
  - Goal: 3 patients/hour/provider
- Average cycle time
  - Goal: <= 45 minutes
- Daily Cash Collection Rate
  - Goal: => 80%
- No show rate
  - Goal: <= 5%

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Questions?